Whitesand First Nation LDM – Employment and Training

P. O. Box 68, Armstrong, Ontario P0T 1A0. Phone (807) 583-2177 Fax (807) 582-2170

APPLICATION FOR: First Nations' Individual Initiatives

☐ **Purchase of Training Program** ☐ **Self-Employment Assistance**

☐ **Mobility Assistance** ☐ **Pre-Employment Assistance**

Please ensure that the following forms are completed:

__Participant Information Form __EI Verification Form __Client Consent Form

NAME: _____ **DATE:** _____

Have you requested training assistance from any other agency? Y N
Has funding been denied? If so please state why. _____

SECTION A – PURCHASE OF TRAINING

Duration of Activity From ____/____/____ To ____/____/____

Attendance ☐ Full time ☐ Part time # of hours per week: ____ # of weeks: ____

Course Title

Level of education required to enroll in training

Location of Activity

Is there work placement as part of the training program? [ ] YES [ ] NO

Institution completing the training (Attach training plan and costs with two quotes)

Institutional Acceptance: ☐ Conditional If so, on what? _____

_____

☐ Final

Financial Requirements

Course Costs and Materials:

√ **Course Cost/Tuition** _____
√ **Books and Supplies** _____
√ **Other Materials Required** _____
Total Course Costs and Materials Sub-total $_____

Income Support Requirements:

√ **Allowance @ $8.00 per training hour** _____
√ **Dependant Care/Day Care (if applicable)** _____
Spouse/partner income weekly: (attach pay stub) _____
√ **Travel – Commuting** _____
√ **Other** _____
Sub-total $_____

Course away from home Allowances:

(Maximum allowed of $125.00 per week for the total living away from home expenses)

√ **Allowance @ _____ weeks** _____
√ **Travel away from home** _____
√ **Accommodations** _____
√ **Other** _____
Are these costs ☐ Weekly ☐ Monthly

Sub-total $_____

TOTAL REQUEST $_____

Once you have completed Section A, please skip to Section E – Meegwetch

SECTION B – SELF EMPLOYMENT ASSISTANCE

Nature of Business: _____
(Please supply final draft of Business Plan)

[ ] Sole Proprietorship [ ] Partnership
[ ] Other (Please specify):

Project Start Date:

Duration of Activity:

Location of Business:

Has Appropriate delivery agent been consulted with? [ ] YES [ ] NO

If Yes, is recommendation attached? [ ] YES [ ] NO

Requested Amount:

Income Support _____
Delivery Agent _____
Other _____

TOTAL REQUEST: $_____

Once you have completed Section B, please skip to Section E – Meegwetch

SECTION C – MOBILITY ASSISTANCE

Reason for Request:

Letter of confirmed employment from employer attached [ ] YES [ ] NO

Quotes of Travel Costs:

Air _____
Public _____
Private _____
Other _____

TOTAL REQUEST: $_____

Have you approached other sources to cover these costs? (if yes, please attach letters of rejection)
[ ] YES [ ] NO

Once you have completed Section C, please skip to Section E – Meegwetch

SECTION D – PRE-EMPLOYMENT SUPPORT

Reason for Request:

Letter of confirmed employment from employer attached [ ] YES [ ] NO

Pre-employment Support Quotes – (2 quotes required, please attach)

Quote #1 _____
Quote #2 _____

TOTAL REQUEST $_____

Have you approached other sources to cover these costs? (if yes, please attach letters of rejection)
[ ] YES [ ] NO

Once you have completed Section D, please skip to Section E – Meegwetch

SECTION E - EXPECTATIONS

In summary, state what your expectations and goals are, (should your application be accepted) once this intervention is completed.

I certify that the above information is accurate and true to the best of my knowledge. If funding is approved, I will adhere to Whitesand LDM program policy guidelines. Failure to do so or knowingly providing false information will result in funding (if approved) being revoked.

Print Name:	**Signature:**
Date:	**Counselor:**